



**EASTERN COLORADO HEALTH CARE SYSTEM**  
**Spinal Cord Injury and Disorders Center**  
**1700 N. Wheeling St. Aurora, Colorado 80045**  
**(720) 723-3300**

*Thank you for your referral to the RMR VAMC Spinal Cord Injury/Disorders Center!*

**Veteran Name:** \_\_\_\_\_ **Last 4 SSN#** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Referring Facility:** \_\_\_\_\_

**Social Work/Case Manager:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**If currently inpatient, Admission Date:** \_\_\_\_\_

**Treating Provider:** \_\_\_\_\_ **Phone/pager:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

**The following medical records are required in order to complete your referral:**

- \_\_\_ H&P
- \_\_\_ Most recent MD progress note
- \_\_\_ Current medication list
- \_\_\_ Last 3-5 days of Nursing progress notes
- \_\_\_ PT/OT evaluations & progress notes from last 3 sessions
- \_\_\_ SLP evaluations & progress notes from the last 3 sessions
- \_\_\_ Nutrition/Dietitian progress notes
- \_\_\_ Social Work progress notes
- \_\_\_ Labs
- \_\_\_ Specialty service evaluation summary & progress notes *if applicable*
- \_\_\_ Wound Care progress notes *if applicable*
- \_\_\_ Respiratory Therapist progress notes *if applicable*
- \_\_\_ Operation/Procedure reports *if applicable*
- \_\_\_ Imaging reports or images *if applicable* (image disc to be sent with Veteran if admitted)

Please fax all records **ATTENTION: ADMISSIONS** at: **(720) 723-7837**

If you have any questions, please call: **(720) 723-3305**

Admission referrals are completed when **all required medical records are received.**

Referrals will be reviewed by the Admission Team on Mondays and Thursdays of each week. All admission referrals **must be reviewed by the Admission Team** prior to an admission decision.

Sincerely,

Rocky Mountain Regional (RMR) VA Medical Center SCI/D Admission Team